FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering (□ check if this is an amendment and name has changed, and indicate change.) Convertible Secured Note Financing (Series F)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4 Type of Filing: New Filing Amendment	(6) EULOEDENEINED
A. BASIC IDENTIFICATION DATA	// MAN 0 & 2002 //
Enter the information requested about the issuer	
Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.) iSuppli Inc.	
Address of Executive Offices P.O. Box 309GT, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands, B.W.I.	Telephone Number (Including Area Code) (345) 445 – 2197
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (if different from Executive Offices)
with copies to iSuppli Inc. c/o iSuppli Corp., 1700 East Walnut Avenue, El Segundo, CA 90245	(310) 524 – 4000
Brief Description of Business	PROCESSEE
Supply Chain Management, Research, Consulting	500 C O VAN
Type of Business Organization x corporation ☐ limited partnership, already formed	MAL O 2 KOO3
□ business □ limited partnership, to be formed □ other (please specify):	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: MONTH YEAR YEAR	□ Estimated

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Full Name (Last name first, if individual)	
Thall, Neil	
Business or Resident Address (Number and Street, City, State, Zip Code)	
75 14 th Street, Apt. 4830, Atlanta, GA 30309	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Pantuso, Tony	
Business or Resident Address (Number and Street, City, State, Zip Code)	
c/o NeoCarta Ventures, 343 Sansome Street, Suite 525, San Francisco, CA 94104	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Baruch, Thomas	
Business or Resident Address (Number and Street, City, State, Zip Code)	
c/o CMEA Ventures, One Embarcadero Center, Suite 3250, San Francisco, CA 94111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	
Full Name (Last name first, if individual)	
Watson, James	
Business or Resident Address (Number and Street, City, State, Zip Code)	
1464 Oleada Road, Pebble Beach, CA 93953	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	
Full Name (Last name first, if individual)	
Siart, William E.B.	
Business or Resident Address (Number and Street, City, State, Zip Code)	
EXED LLC, 429 Santa Monica Blvd., Suite 420, Santa Monica, CA 90401	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	
Full Name (Last name first, if individual)	
Richter, R. Gene	
Business or Resident Address (Number and Street, City, State, Zip Code)	
14 Manor Lane, Katonah, NY 10536	_
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Scalise, George	
Business or Resident Address (Number and Street, City, State, Zip Code)	
181 Metro Drive, Suite 450, San Jose, CA 95110	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer X Director ☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	
Durkin, Michael	
Business or Resident Address (Number and Street, City, State, Zip Code)	

(Use blank sheet or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner		
Full Name (Last name first, if individual)		
Lidow, Derek and Diana, Trustees of the Lidow Family Trust, established March 31, 1997		
Business or Resident Address (Number and Street, City, State, Zip Code)		
665 East Channel Rd., Santa Monica, CA 90402		
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner		
Full Name (Last name first, if individual)		
Accenture Technology Ventures LLC		
Business or Resident Address (Number and Street, City, State, Zip Code)		
5221 North O'Connor Blvd., Suite 1400, Irving, TX 75039		
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or		
Full Name (Last name first, if individual)		
NeoCarta Ventures, LP		
Business or Resident Address (Number and Street, City, State, Zip Code)		
343 Sansome Street, Suite 525, San Francisco, CA 94104		
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner		
Full Name (Last name first, if individual)		
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or		
Managing Partner		
Full Name (Last name first, if individual)		
Managing Partner Managing Partner		
Business or Resident Address (Number and Street, City, State, Zip Code)		

One Embarcadero Center, Suite 3250, San Francisco, CA 94111-3600

(Use blank sheet or copy and use additional copies of this sheet, as necessary.)

				В.	INFORMA	TION AB	OUT OFF	ERING				
1. H	as the issue	er sold, or	does the is	ssuer inter	nd to sell, t	o non-acc	redited inv	estors in t	his offering	q?	Ye:	s No
					Answer als				`	•		
2. W	/hat is the n	ninimum ir	vestment						_		\$7	,680
2 5	ann tha affin		ik inimk n	anabin af		::10					Yes	No X
	oes the offe		-		-							Х
4. E of of ar as	nter the info ommission of fering. If a nd/or with a ssociated pe	or similar in the person to lead to state or sta	equested for emunerating the listed is ates, list the such a bro	or each perion for soll an associ ne name o ker or dea	rson who ricitation of iated person fitne broke ler, you ma	purchase purchase on or agen or or deale ay set forth	r will be pars in connect of a broker. If more not the information of	ection with er or deale than five (! nation for	i, directly of sales of ser registere b) persons that broker	er indirectly securities if ed with the to be listed or dealer	, any n the SEC d are only.	
Full Na	ime (Last na	ame first, i	t individua	I)			VS (11-11-11-11-11-11-11-11-11-11-11-11-11-		· · · · · · · · · · · · · · · · · · ·		_	
N/A Busine	ss or Resid	ence Addr	ess (Num	her and Si	reet City	State Zin	Code)					
Duomo	33 01 1 (03)4	crice / laur	C33 (14d111	ber and er	arcet, Oity,	Otate, Zip	Oode)					
Name	of Associate	ed Broker	or Dealer				,					
States	in Which Pe	erson Liste	ed Has So	licited or Ir	ntends to S	Solicit Pur	chasers					
	heck "All S											□ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full INS	me (Last na	ame iirst, i	ringividua	1)								
Busine	ss or Resid	ence Addi	ess (Num	ber and S	treet, City,	State, Zip	Code)					
Name	of Associate	ed Broker	or Dealer			.						
States (C	in Which Po	erson Liste tates" or c	ed Has So heck indiv	licited or li	ntends to S	Solicit Pur	chasers					□ All States
[AL]	[AK]	[AZ]	[AR]	[CA]			[DE]			[GA]		[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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ruii iva	ime (Last n	ame mot, i	ii iiiuiviuua	ii <i>)</i>								
Busine	ss or Resid	ence Addi	ess (Num	ber and S	treet, City,	State, Zip	Code)					:
Name	of Associate	ed Broker	or Dealer									
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	in Which P											
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	_[WY]_	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

amount already sold. Enter " exchange offering, check this be securities offered for exchange	0" if answer oox □ and ind	is "none" or " licate in the col	zero." If the trar	nsaction is an	١				
					Aggre Offer	egate ing Price		Amoun' Sold	t Alread
Type of Security Debt ¹					\$1.20	00,000		\$1,200,	กกก
Equity					\$	0		\$1,200,	0.00
• •		Preferred			•	_		•	
Convertible Securities (including					\$	0		\$	0
Partnership Interest					\$	0		\$	0
Other (Specify)			\$ 4.2	0 00,000		\$ 4 200	0
Total				•••••	Φ 1,2	00,000		\$ 1,200	,000
Answer also in A	ppendix, Col	umn 3, if filing	under ULOE.						
 Enter the number of accredit securities in this offering and offerings under Rule 504, indic and the aggregate dollar amount "none" or "zero." 	the aggregate the number	ate dollar amo per of persons	ounts of their pur who have purcha	rchases. For sed securities	- 5				
						Number nvestors		Dollar	regate Amoun rchases
Accredited Investors					•	8		\$ 1,200	
Non-accredited Investors						0		\$	O.
Total (for filings under Rule 5	04 only)							\$	
Answer also in A	ppendix, Col	umn 4, if filing	under ULOE.						
 If this filing is for an offering und securities sold by the issuer, to months prior to the first sale of in Part C - Question 1. 	date, in offe	rings of the typ	oes indicated, in the	he twelve (12)) 	.		2.11	
Town a set Officialis						Type of Security			: Amoun Sold
Type of Offering Rule 505						•		\$	
Regulation A								\$	
Rule 504								\$	
Total								\$	
 a. Furnish a statement of all e the securities in this offering. E the issuer. The information ma of an expenditure is not known estimate. 	xclude amou y be given as	unts relating so s subject to futu	olely to organization ure contingencies.	on expenses of . If the amount	f t				
Transfer Agent's Fees							\$	0	
Printing and Engraving Costs							\$	0	
Legal Fees								150,00	0
Accounting Fees								0	
Engineering Fees								0	
Sales Commissions (specify finde								0	
Other Expenses (identify)	-							0	
							~	450.00	

¹ Consists of convertible secured promissory notes were issued in the aggregate face amou	otes convertible into Seria nt of \$652,000 on March 1	es F-1 Preferred Shares at t 8 and April 1, 2003 and cor	he rate of \$4.00 per share. Inverted into convertible secu	n connection with this fi red promissory notes o	nancing, bridge n April 10, 2003
•					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEED	os
b. Enter the difference the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Judgment of the adjusted gross proceeds to the issuer used or propose to the issuer used to the issuer used to the issuer used or propose to the issuer used to the issuer		\$ 1,050,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose to be used for each of the purposes shown. If the amount for any purpose is not know furnish an estimate and check the box to the left of the estimate. The total of the payment listed must equal the adjusted gross proceeds to the issuer set forth in response to Part Question 4.b above.	n, ts	
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[] \$	□ \$
Purchase of real estate	5	□ \$
Purchase, rental or leasing and installation of machinery and equipment	C) \$	□ \$
Construction or leasing of plant buildings and facilities	□ \$	□ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the asset or securities of another issuer pursuant to a merger)	[] \$	□ \$
Repayment of indebtedness	X \$652,000	□ \$
Working capital	□ \$	X \$398,000
Other (specify):	□ \$	□ \$
Column Totals		□ \$
Total Payments Listed (column totals added)	X \$652,000	X \$398,000
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized per the following signature constitutes an undertaking by the issuer to furnish to the U.S. Sec written request of its staff, the information furnished by the issuer to any non-accredited investigation.	rson. If this notice is curities and Exchang estor pursuant to par	filed under Rule 505, e Commission, upor ragraph (b)(2) of Rule
Issuer (Print or Type) iSuppli Inc.	Date 5/1/63	
Name of Signer (Print or Type) Derek Lidow Title of Signer (Print or Type) President		
ATTENTION		_
Intentional misstatements or omissions of fact constitute federal criminal violation	ons. (See 18 U.S.C.	1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Annendix Column 5, for state response		

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
iSuppli Inc.		5/1/03
Name of Signer (Print or Type) Derek Lidow	Title of Signer (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 Intend sell to accre inves in Sta (Part Item	non- dited tors ate B-	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accred- ited Inves- tors	Amount	Number of Non-Ac- credited In- vestors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		х	Convertible Notes \$ 1,192,320	7	\$ 1,192,320	0	N/A			
со										
CT										
DE	<u> </u>									
DC										
FL										
GA		Х	Convertible Notes \$ 7,680	1	\$ 7,680	0	N/A			
HI										
ID										
IL										
IN										
IA										
KS	ļ									
KY										
LA										
ME										
MD										
MA										
MI										
MN										

1	2 Intend sell to accre invest in Sta (Part Item	non- dited tors te B-	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accred- ited Inves- tors	Amount	Number of Non-Ac- credited In- vestors	Amount	Yes	No
MS									
МО									
MT	 								
NE			_						
NV									
NH	<u> </u>								
NJ									
NM									
NY									
NC									
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